Permit No. 99772 Office of Registrar of Vital Statistics. Ward The Physician who attended any person in a last illness transponding the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the briefly within training that presentation of this Certificate, accurately filled requested so to do, under penalty of law. No Permit for Burial can be Officed a Proper Certificate. CERTIFICATE OF DEATH. Date of Death, Full Name of Deceased. Write legibly and spell contectly. If an infant of names of parents. Sex, Male or Female. Cross out the word not required in this line. Age, Years, Months, Day
to the Undertaker or other person superintending the basial winth twenty of the Presentation of this Certificate, accurately filled requested so to do, under penalty of law. No Permit for Burial can be Orland at the presentation of this Certificate, accurately filled requested so to do, under penalty of law. No Permit for Burial can be Orland at the presentation of this Certificate, accurately filled requested so to do, under penalty of law. No Permit for Burial can be Orland at Thomas Orland and Secretary and spell conference of Death, Full Name of Deceased. Write legibly and spell conference of parents. Sex, Male or Female, Cross out the word not prequired in this line. Years
CERTIFICATE OF DEATH. Date of Death, Full Name of Deceased. { Write legibly and spell contectly. If an Infant not named, give names of parents. Sex, Male or Female. Cross out the word not required in this line. Age. Vegge
Date of Death, Full Name of Deceased, {Write legibly and spell confectly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not } the confect of parents. Age. Vegge
Full Name of Deceased, { Write legibly and spell contectly. If an Infant not named, give names of parents. Sex, Male or Female, Cross out the word not Prequired in this line. Pregree Pr
Sex, Male or Female, Cross out the word not trequired in this line. Age. Vegge
Sex, Male or Female, Cross out the word not required in this line.
Age. I 2 Vegne
Color. Marte .
Married, Single, Widow or Widower, Cross out the word no: Tridowd !!
Occupation Olive (Genner
Birthplace, State or country, and how long in the United States.
Duration of Residence in the City of Baltimore, 24 years
Place of Death. Brestreet and 210 N. Pouttes
First (Primary), Meliniarrad
Gause of Death. Second (Immediate). Thanstone
Duration of Last Sickness, Six Tyoneth
Place of Burial Ballumore Cemetery
Date of Burial. May 15 18841 1
Undertaker Henry & Mearl Medical Attendant.
Undertaker Henry & Mearl Medical Attendant. Place of Business. # 413 & Fayette Address, The Con Och

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

date of death, except in cases of births and deaths of illegitimate children.

Section 2. And be it jurther enacted and ordained. The whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and

The Special Attention of Physicians is Respectfully	y Invited to the Re	marks below, and t	o List of Diseases on back	k of this Certificate
Bealth Depa			The second secon	
Permit No. 9 9 / Office of	Registra	- DAPAGET S	tatistics We	rd /5 '
The Physician who attended any person in a leto the Undertaker or other person superintending requested so to do, under penalty of law. No Permit for Burial	last illness, is respondent the burial, within	osible for the pret twenty-four hours of	ntation of this Certificate the death of said dec	e, accurately filled out ceased, or sooner, i
CERTIFIC	The state of the s	OF D	EATH.	B
Date of Death, 13,	m	ay	18	887.
Full Name of Deceased, Write legibly and correctly. If an In not named, give no of parents.	spell mfant mile	8. Brace	very bles	ine
Sex, Male or Female, {Cross out the word not required in this line.	}	Hema	ell	
Age, Years,			hs, 1	Days.
Color,		Colores	e /	Days.
Married, Single, Widow or Widower,	{Cross out the words required in this line	not }		
Occupation,		Hom	Le - Sem	ant
Birth Place, State or country, and how long in the United States, if of foreign birth.			· · · · · · · · · · · · · · · · · · ·	
Duration of Residence in the City of			yro	
Place of Death, {Give Street and }	·····	812	Peach	allex
Cause of Death, { First (Primary), Second (Immediate),		A 1	the hower	lo
Duration of Last Sickness,	$B \cdot O$	nonth	ī	
Place of Burial, Sharpstsian	netry	1 4	76	
Date of Burial, May 15 1/8	77)	4 1	1.140	en
Undertaker, harkles 12088		• /0	Medical Attend	M. D.
Place of Business, E Pie	eu] Addr	ess, 221	4. Hill	Alo.
xtract from Regulations of the Board of Heal	Ith to secure a f	ull and correct r	ecord of the Vital S	tatistics in the
Section 2. And be it further enacted and ordain the Physician who attended during his or her last significantly four hours after the death, to the Undertaker of the same can be ascertained, the full name, sex, age, and date of death.	ned, That whenever	any person shall doner, when the case	ie in the said city, it sha comes under his notice.	il be the duty of

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificant Bepartment. Ward Permit No. Office of Registres a Statistics. ness, is responsible for the presentation of this Certificate, accurately filled out, within twenty four layers after the death of said deceased, or sooner, if BE OBTAINED WITHOUT A PROPER CERTIFICATE. The Physician who attended any person in a last illness, it to the Undertaker or other person superintending the burned requested so to do, under penalty of law.

No Permit for Burial Canabe O Date of Death, Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not required in this line. Age, ...Days Color. Married, Single, Widow or Widower, {Cross out the words not required in this line. Occupation, Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, {Give Street and } Number. First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physicia Place of Burial,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

| Place of Business,

Medical Attendant.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the case and date of death.

[OVER.]

The Special Accounted of Physicians is nespectfully invited to the Remarks Bolow, and to last of Discusces on Dack of this co-
Health Mepartment, City of Baltimore.
Permit No. 99770 Office of Registrar of Vital Statistics. Ward 13
The Plansian who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
sooner, if requested so to do, under penalty of law. No Permit for Burial can be Chrained without a Proper Certificate.
The same of the sa
CERTIFICATE OF DEATH.
Date of Death, May 12" 87
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Make or Female, {Cross out the word not } required in this line.}
Age, 42 Years, Months, Days
Color, Ithicki
Married, Single, Widow or Widower, {Cross out the words not}
Occupation, Troup Confeer
Birth Place, {State or country, and how long in the United States, fir of foreign birth.
Duration of Residence in the City of Baltimore, Life Truce
Place of Death, {Give Street and } 825-77=Lonebards
First (Primary), Caucer of the Stamach
Cause of Death,
Second (Immediate),
Duration of Last Sickness,
Place of Burial, Bulling one Commeter
Date of Burial, May 14th 1889 13 & Phillips M. D.
(Undertaker, John S. Medical Attendant.
Place of Business, 150 Camden Address, 736 M Lowbords

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this core-
Bealth Department, City of Baltimore.
Permit No. 99776 Office of Registrat Port Statistics. Ward 18
The Physician who attended any person in a last impess is responsible for the crese tration of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial foan be diffarned without a Proper Certificate.
CERTIFICATE DEATH.
Date of Death, May 13/81
Full Name of Deceased, Write legibly and spell or Kate Willen
Sex, Male or Female, {Cross out the word not }
Age, Months, Days.
Color, white
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } //// Chishuis ale
Cause of Death, { First (Primary), Second (Immediate), Second (Imm
Duration of Last Sickness, Sickness All the above information should be furnished by the Physician.
Place of Burial, St. alphiensees
Date of Burial, May 14/87) Sur Solut)
(Undertaker, Lee : Weller) Medical Auchdant.
(Place of Business, 1111 Chesmet a Address, 6-21 facal)
Extract from Regulations of the Board of Health to secure a full and correct record of the Vita! Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Kemarks below, and to List of Diseases on Back of
Bealth Department, City of Baltimore.
Permit No. 99777 Office of Register Prosts Office Consider Consider Consider
The Physician who attended any person in a last illusers, it is possible for the resentation of this Certificate, accurately filled sooner, if requested so to to, under penalty of law. No Permit for Burial Can be Officially without a Proper Certificate.
CERTIFICATE OF BEATH.
Date of Death, May 13. 187
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Male or Female, {Cross out the word not }
Age, GS Years, Months, Dave
Color, Days
Married, Single, Widow or Widower, {Cross out the words not } widower, {Cross out the words not }
Occupation, Lone
Birth Place, {State or country, and how long in the United States, } Bacoaia
Duration of Residence in the City of Baltimore, 36 yr
Place of Death, (Give Street and) 2 33 Callon 26-
Cause of Death, First (Primary), Valuation lesion of Hach
Second (Immediate), & haushon with Complication
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, New Cathedral Comit
Date of Burial, May 15-00
Undertaker, for Soundens & Son Medical Attendant.
Place of Business, 210 N. Schwerder Address, 1136 Leng 1
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ithin twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as a state same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and

The Special Attention of Physicians is Respectfully Invited to the Kemarks below, and to list of Diseases on Back of the Company of the Compa
Bealth Department, City of Baltimore.
Permit No. 9978 Office of Registrar of Vital Statistics. Ward The Physician who attended any person in a last illness, is asponded with presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burker, within twenty-join wars after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit For Burial Cas B. Obtanne Without Proper Certificate.
CERTIFICATE DEATH.
Date of Death, May 13/87
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months Days
Color, Coliste
Married, Single, Widow or Widower, {Cross out the words not}
Occupation,
Birth Place, {State or country, and how long in the United States, of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and} SS Masher 2h 50 / Sumber.
First (Primary), Cry Sysulas / haumale
Cause of Death, Super indifficult by accidental blow on Deceys.
Duration of Last Sickness, Total 9. Tany 3 All the above information should be furnished by the Physician. Place of Burial, Met Bowet Bonnest
Date of Burial, May 14
(Undertaker, In Soenden & Son Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians	is Respectfully Invited to the Re	emarks below, and to	List of Diseases on back of th	is Certificat
Health	Department,	City of	Baltimore.	
Permit No. 99779	Office of Registra	of Wittel St	Catistics. Ward	75
The Physician who attended a to the Undertaker or other person s requested so to do, under renalty of	law.	BHAV IA INC.		or sooner,
No PERMI	F FOR BURIAL CAN BE OBTAIN	ED WITHOUT A PROI	PER CENTIFICATE.	B
CER	TIFICATE	OF D	EATH.	0
Date of Death, Off	Day 18 - 1	PFA	6 -11	
Full Name of Deceased,	write legibly and spell correctly. If an Infant cort named, give names of parents.	ng./0,	Tremello	
Sex, Male or Female, Cross	s out the word not }			¢
Age, Thele-	L. Years,	Month	98,	Days
Married, Single, Widow of	Cross out the word	s not \		
Occupation, Hours	10 1	ie. } •		
Birth Place, State or country, and long in the United Sif of foreign birth.	thow Balling	ingo	Cily-	
Duration of Residence in		Lifes	Type	
Place of Death, Give Street and Number.	1) No 163	2,61	Chare of	/-
Cause of Death, First (Prin	mary), My h	o Mali	and then	er-
Second (In	1 . 1.	cular	Consum	plien
Duration of Last Sickness All the above information should be for		ar-		,,,,,
Place of Burial, The	Alphansinten			
Date of Burial, May	14 12 1881	Mu. E.	Municip	M. D.
Undertaker,	my don	. 0	Medical Attendant.	14. D.
Place of Business,	115 1 9ay 10 Add	dress, 800	h Broad	con a
Extract from Regulations of the	Board of Health to secure a	full and correct	record of the Vital Statis	tice in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

pecial Attention of Physicians	is Respectfully Invited to the F	demarks below, and to	o List of Diseases on	back of this Certificate
Health	Department,	City of	Baltim	ore.
Permit No. 99789	Office of Registra	r of Well S	tatistics.	Ward 3
The Physician who attended a to the Undertaker or other person equested so to do, under penalty of No Permi	superintending the burial, withr law. T FOR BURIAL CAN BE OBTAIL	14144 1 1st 19		id deceased, or sooner,
400 H H H H H H H H H H H H H H H H H H	TIFICATE		EATH	Ι.
Date of Death,	Way 120	6 188	7	
Full Name of Deceased, {	Write legibly and spell correctly. If an Infant not named, give names of parents.	awrence d	D. Lea	,,,,,
sex, Male or Female, { requi	ired in this line.	11000		
1ge,	Years,	Mont	hs,	Days
Color,	Colors	0		
Married, Single, Widow o	r Widower, { Cross out the work required in this l	rds not }		
Occupation,				
Birth Place, State or country, an long in the United if of foreign birth.	d how States, \ Bal	fecciora	. M	4
Duration of Residence in	the City of Baltimore	3, Ju	er 13	ula
Place of Death, Give Street ar Number.	d} # 120	8 Con	roleno	
Cause of Death, First (Pr			vulsion	
	Immediate), Luvo		rusion	0
Duration of Last Sicknes All the above information should be	7	days		
Place of Burial, Laur	el bemetary			1
Date of Burial, May	14 th	· 3	E Dies	An M.
Undertaker, Ino	Elyrace)-		0 000	M. D .

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Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 313 s. Caroline It Address, 151

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians	is Respectfully Invited to the Re	emarks below, and to	List of Diseases on	back of this Certificant
Health	Department,	City of	Baltim	ore.
Permit No. 9978/	Office of Registra	of Vital St	atistics.	Ward 3
to the Undertaker or other person s	ny person in a last illness, is resp operintending the burial, within	onsible for the present twenty-four hours after	tation of this Certifier the death of said	ficate, accurately filled out I deceased, or scoper, i
	FOR BURIAL CAN BE OFFAIN			FD
CER	TIFICATE	OF D	EATH	. 4
Date of Death,				2
Full Name of Deceased,	Bless and spell Bless and spell Bless and named, give names and parents.	ie may 9	mag de line	Smith
Sex, Male or Female, [requ	red in this line.			
Age,	Years,	7 Month	hs,	// Days.
Color,	-		/	
Married, Single, Widow o	Widower, {Cross out the word required in this li	ls not }	1/	
Occupation, ne			V	
Birth Place, State or country, and long in the United if of foreign birth.	thow Stalles,	21		
Duration of Residence in	the City of Baltimore.	, the	and	
Place of Death, Give Street an Number.	715 mai	coops 1	ally -	
Cause of Death, $\begin{cases} \text{First (Prisoner} \\ \text{Second (I)} \end{cases}$	mary),	- Amia	Atti.	
Duration of Last Sicknes All the above information should be f		nonths		
Place of Burial James	Gemeter			
Date of Burial, ho	7/4/889	/1/	1	
(Undertaker, To pr	madda	Ju.	Medical	M. D. Attendant.
Place of Business,	o East PL Ad	dress. 14	y Filea	-, I-

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enucted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full mane, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]